

THIS FORM IS IMPORTANT

PLEASE COMPLETE IT IN FULL!

KZN WILDLIFE MOUNTAIN RESCUE REGISTER

NO FIRES OR CANDLES

PERMITTED IN THE RESERVE!

FULL NAMES (Start with leader)	AGE	SEX M/F	PACK COLOUR	RAIN GEAR Y/N	COLD GEAR Y/N	FOOTWEAR FOR SNOW Y/N	SLEEPING BAG Y/N	TENT COLOUR	ROUTE DONE BEFORE Y/N	NEXT OF KIN TEL NO + CODE	MEDICAL PROBLEMS Y/N	MEDICAL AID NAME MEMBER NUMBER OR RESQ SERVICE
1.												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												

LEADER'S POSTAL ADDRESS:

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DETAILED ROUTE DESCRIPTION, INCLUDING OVERNIGHT STOPS & ALTERNATIVES

DATES AND TIMES

ACTUAL DEPARTURE DATE		TIME:	
EXPECTED RETURN DATE		TIME:	

VEHICLE MAKE AND MODEL	COLOUR	LOCATION	REG NO

DETAILS OF MEDICAL PROBLEMS:

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EXPERIENCE: NUMBER OF EXPERIENCED HIKERS (20+ O/NIGHT HIKES EACH)	
NAMES OF HIKING AND MOUNTAIN CLUBS MEMBERS BELONGS TO	

FOOD FOR HOW MANY DAYS?	
GOOD HIKING MAP? Y/N	
COMPREHENSIVE FIRST AID KIT? Y/N	

VERY IMPORTANT

PLEASE REPORT YOUR RETURN BY SIGNING OUT BELOW.
IF OFFICE IS CLOSED, PHONE ASAP OR LEAVE A MESSAGE

NAME:	
DATE:	TIME:
SIGNATURE	